2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # V50500

1. Entity Name
AUSTIN & LOMBARDI, INC.

Principal Place of Business	Mailing Address
8750 PERIMETER PARK BLVD. JACKSONVILLE, FL 32216 US	P.O.BOX 1014 YORK HARBOR, ME 03911 US

DO NOT WRITE IN THIS SPACE

03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0350201
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMONIC, NICHOLAS T
8750 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000477121
04/06/06-80039-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOMBARDI, RICHARD V PRES
STREET ADDRESS	P.O.BOX 1014
CITY-ST-ZIP	YORK HARBOR, ME 03911
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD V. LOMBARDI Richard V. Lombardi 3/20/06 594-9298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #